Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
01/01/2017	01/31/2017								

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.2	****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	14.6	****	21.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	167	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.42	.99	MGD	*****	****	****	*****	1	Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.4	****	.7	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)2/23/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

02/01/2017

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

02/28/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QU	ALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.7	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	17.9	****	43.7	mg/L		Weekly	Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	115	ug/L		Monthly	Composit
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composit
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.351	.457	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	.75	*****	1	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)3/03/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
03/01/2017	03/31/2017						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QU	IALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.3	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	23.3	****	46.2	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	231	ug/L		Monthly	Composit
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.331	.478	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	****	****	****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	.1	****	.32	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67)4/10/201	
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2017	04/30/2017							

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	6.4	****	6.4	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	33.2	****	33.2	mg/L	1	Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.085	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.316	.464	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.02	****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

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Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)7/11/201
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TSS Composite was tested during the first week of May. There was no discharge the remainder of the month.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 05/01/2017
 05/31/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.3	****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	14.6	****	24.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.155	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.325	.438	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.04	****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I FIJANA MOTAJES	TELEP	HONE	DATE
Enana Merares/ Easteratory Briodesi	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)7/11/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THIS IS THE APRIL 2017 TSS REPORT. I MIXED BOTH THE APRIL AND MAY REPORTS.APRIL RESULTS WAS POSTED IN THE MAY MONITORING PERIOD AND MAY RESULTS WERE POSTED IN THE APRIL MONITORING PERIOD.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	4.9	****	6.8	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	5.4	****	6.1	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.008	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.45	MGD	*****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	0	****	0	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

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Endria Mordros/ Edboratory Birostor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)7/11/201
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 07/01/2017
 07/31/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.8	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	26.5	****	46.4	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	259	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.271	.445	MGD	*****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.03	****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)9/08/201
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
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 MM/DD/YYYY
 MM/DD/YYYY

 08/01/2017
 08/31/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	24.3	****	35	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	23	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.364	.482	MGD	*****	*****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.03	*****	.05	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

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Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)9/08/201
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 09/01/2017
 09/30/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	11.5	****	22.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	19	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.333	.472	MGD	*****	*****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	.02	*****	.04	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678		0/12/201
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY
10/01/2017

MAG640055

001-A
DISCHARGE NUMBER

MM/DD/YYYY
10/31/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QU	ALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	7.5	****	13.2	mg/L		Weekly	Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	122	ug/L		Monthly	Composit
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composit
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.315	.532	MGD	*****	*****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	.05	*****	.15	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)1/11/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 11/01/2017
 11/30/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	6.8	****	6.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	82	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.314	.489	MGD	*****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.14	****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Enana Werales, Easeratery Shreater	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/11/2018
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 12/01/2017
 12/31/2017

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	6.5	****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	5.5	****	7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	20	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.338	.673	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.08	****	.22	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)1/11/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2018 01/31/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

BACKWASH 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)2/01/2018
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

02/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

02/28/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)3/01/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
03/01/2018	03/31/2018					

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
Enana Werales, Easeratery Shreater	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)4/17/2018
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
04/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY
04/30/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)5/08/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2018
 05/31/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	IALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	****	6.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	3.5	****	3.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	62	ug/L		Monthly	Composit
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.228	.407	MGD	*****	*****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.02	****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)6/08/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854

MAG640055 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
06/01/2018

MAG640055
001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
06/30/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	IALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	16.7	****	27.3	mg/L		Weekly	Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	93	ug/L		Monthly	Composit
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.225	.785	MGD	****	*****	****	*****	1	Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.013	****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
Enana Werales, Easeratery Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)7/13/2018
TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
	001110 050100
MONII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.8	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	15.1	****	19.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	94	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.231	.423	MGD	*****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	.007	****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)8/07/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
08/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY
08/31/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	16.7	****	22.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	36	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.282	.409	MGD	*****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.02	****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)9/07/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
09/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY
09/30/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	6.5	****	6.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	7.1	****	23.2	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	345	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.406	MGD	*****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.02	****	.05	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678		0/05/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
10/01/2018	10/31/2018						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.6	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	9.5	****	15.4	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	69	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.258	.409	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.003	****	.01	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

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Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)1/16/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY

11/30/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	****	6.6	****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	11	****	16.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	166	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.228	.479	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	.02	****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Enana Werales, Easeratery Shreater	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67)1/16/2019	
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/01/2018

001-A
DISCHARGE NUMBER

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	21.4	****	43.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	293	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.238	.455	MGD	*****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.07	****	.25	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

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Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)1/16/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
01/01/2019	01/31/2019					

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	IALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	6.1	****	8.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	7	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.234	.409	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.01	****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)2/07/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

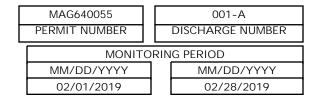
NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.7	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	4.6	****	8.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	9	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.226	.545	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.01	****	.03	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)3/08/2019
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2019
 03/31/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.62	****	6.74	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	12.8	****	24.6	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	70	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.224	.333	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	****	****	****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.08	****	.24	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)4/09/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2019
 04/30/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QU	ALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.2	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	6.7	****	9.7	mg/L		Weekly	Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	22	ug/L		Monthly	Composit
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composit
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.27	.815	MGD	****	****	****	*****	1	Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.05	****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)5/10/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

05/01/2019

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

05/31/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	IALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	*****	6.59	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	23.8	****	33.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	9.1	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.222	.536	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.01	****	.03	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
Enana Werales, Easeratery Shreater	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)7/10/2019
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

06/01/2019

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	26	****	30.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	125	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.176	.303	MGD	****	****	****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.15	****	.29	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPH	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)7/10/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
07/01/2019	07/31/2019					

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.1	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	24	****	29.6	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	89	****	89	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.139	.216	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.14	*****	.18	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Enana Morales/ Eaboratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,		(978)67	4-1678)8/07/201
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	, ,		
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
08/01/2019

MM/DD/YYYY
08/31/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.4	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	14.6	****	15.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	47	****	47	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.082	.163	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.05	****	.17	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)9/11/2019
TYPED OR PRINTED	uniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG64	0055	1	001-A			
PERMIT N	PERMIT NUMBER DISCHARGE NUMBER					
	MONITO	RIN	G PERIOD			
MM/DI	D/YYYY		MM/DD/YYYY			
09/01	/2019		09/30/2019			

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QU	ALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.18	*****	6.74	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	11.2	****	16.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	370	*****	537	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.161	.996	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.03	****	.08	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	Concept that the content of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPH	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678		0/10/2019
TYPED OR PRINTED	aniormation, including the possibility of the and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT					
PERMIT NUMBER	DISCHARGE NUMBER					
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MM/DD/YYYY	MM/DD/YYYY					
07/01/2019	09/30/2019					

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				_
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

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Enana Moraros/ Eaboratory Biroctor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	1/01/2019	
TYPED OR PRINTED	amornador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Enter NODI code "9" when sampling is not required.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

Г	MAG640055		001-DT			
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITORING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY			
	07/01/2019	1	09/30/2019			

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678		1/01/201
TYPED OR PRINTED	anomiation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Enter NODI code "9" when sampling is not required.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

07/01/2019

001-T
DISCHARGE NUMBER

MM/DD/YYYY
MM/DD/YYYY
09/30/2019

DMR Mailing ZIP CODE: 01854

ining zir CODL. On

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Fliana Morales	TELEPI	HONE	DATE
Endria Wordrost Edboratory Biroctor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678		1/01/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Enter NODI code "9" when sampling is not required.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

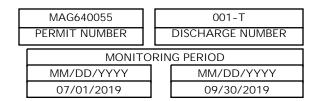
LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	umho/sed		Annual	Composite

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
E	mana Morales, Laboratory Director	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678	1/01/2019
	TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

07/01/2019

MM/DD/YYYY

09/30/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	****	****	NODI 9	****	****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. DAILY MN	****	****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	****	****	NODI 9	****	****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
Enana Morares/ Eaberatory Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678	1/01/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
10/01/2019	10/31/2019						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	IALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	****	****	*****	5.8	****	6.2	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	23.8	****	35.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	963.2	****	1618	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.225	.405	MGD	*****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	.03	****	.05	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678	1/08/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
11/01/2019	11/30/2019						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.03	*****	6.3	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	18.7	****	27.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	572	****	846	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.233	.366	MGD	*****	****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.01	****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Endria Wordress Educatory Director	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,		(978)67	4-1678	2/06/201
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(-, -		_,
TYPED OR PRINTED	and madely, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854 FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2019 12/31/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QU	ALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	5.4	*****	6.3	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	15.9	****	32.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	1366	****	2161	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.155	.487	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.04	****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)1/10/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

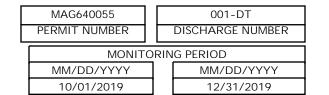
NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	7.54	****	7.54	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	12.8	mg/L		Annual	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	1.7	mg/L		Annual	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.9	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	156	mg/L		Annual	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.064	mg/L		Annual	Grab
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.19	mg/L		Annual	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
Ename Morales, East-attery Enrecter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/16/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854

 MAG640055
 001-DT

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2019
 MM/DD/YYYY

 12/31/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	3.9	mg/L		Annual	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Annual	Grab
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.0067	mg/L		Annual	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	.011	mg/L		Annual	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	*****	*****	*****	658	umho/sec		Annual	Grab
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPH	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)1/16/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

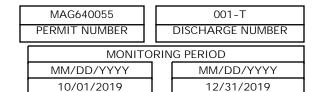
NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	5.32	****	5.32	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	2.8	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	****	504	mg/L		Annual	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.5	mg/L		Annual	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	*****	****	2.9	mg/L		Annual	Composite
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	216	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.1	mg/L		Annual	Composite
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/16/2020
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

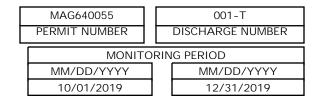
NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.28	mg/L		Annual	Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	6.5	mg/L		Annual	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	****	****	****	****	.00083	mg/L		Annual	Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	.006	mg/L		Annual	Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	.019	mg/L		Annual	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.02	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	****	*****	****	736	umho/sec		Annual	Composite
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Fliana Morales	TELEPI	HONE	DATE
Limital Morales, Easteratory Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/16/2020
TYPED OR PRINTED	anomaton, netering the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2019

MAG640055

001-T
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
12/31/2019

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	912	mg/L		Annual	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	****	19	****	*****	%		Annual	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	6.33	****	*****	%		Annual	Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/16/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
01/01/2020	01/31/2020						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	ICENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6	****	6.36	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	7.08	****	12.1	mg/L		Weekly	Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composit
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	121.5	****	147	ug/L		Monthly	Composit
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composit
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.237	.304	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.03	****	.1	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)2/10/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see the monthly recycled water report sheet; flow should be zero from recycling*

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.2	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	4.5	****	6.1	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	45.3	****	80	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.245	.321	MGD	*****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.08	****	.13	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)3/11/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

03/01/2020

MM/DD/YYYY

03/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6	****	6.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	3.9	****	4.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	98.8	****	187	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.295	.375	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	.11	****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Werares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)4/10/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

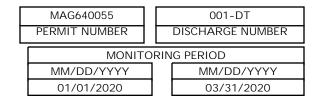
NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.42	*****	6.42	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	47.1	mg/L		Annual	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.4	mg/L		Annual	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.5	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	148	mg/L		Annual	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.042	mg/L		Annual	Grab
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.097	mg/L		Annual	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
Litaria (Morales) Eaberatory Birecter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)4/02/2020
TYPED OR PRINTED	amornador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
01/01/2020	03/31/2020						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	1.1	mg/L		Annual	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	*****	****	****	****	0	mg/L		Annual	Grab
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	0	mg/L		Annual	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	.0045	mg/L		Annual	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	****	*****	****	812	umho/sec		Annual	Grab
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)4/02/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

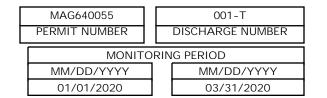
ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.36	*****	6.36	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	44.4	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	****	432	mg/L		Annual	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.8	mg/L		Annual	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	****	****	2.6	mg/L		Annual	Composite
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	140	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.042	mg/L		Annual	Composite
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
Enama Morales, East atoly Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)4/02/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.096	mg/L		Annual	Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	1	mg/L		Annual	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	0	mg/L		Annual	Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	0	mg/L		Annual	Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.004	mg/L		Annual	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	.01	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	*****	*****	****	768	umho/sec		Annual	Composite
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
	Emana Morales/ Easeratery Emocies	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)4/02/2020
Γ	TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

01/01/2020

MAG640055

001-T
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

03/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	****	514	mg/L		Annual	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	****	****	48.2	****	****	%		Annual	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	14.9	****	****	%		Annual	Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Enana Morares/ Eaberatory Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)4/02/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG	G640055		001-A			
PERMI	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	RIN	G PERIOD			
MM	/DD/YYYY		MM/DD/YYYY			
04	/01/2020		04/30/2020			

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.2	****	6.4	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	4.8	****	6.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	54.3	****	78	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.274	.374	MGD	*****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.07	****	.09	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Briester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)5/07/2020
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

05/01/2020

MAG640055

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

05/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	6.2	****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	8.2	****	9.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	20.5	****	60	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.321	.861	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.05	****	.08	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
	Enana Morares/ Eaboratory Director	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)6/09/2020
T	TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

ı	MAG640055	1	001-A
H	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2020	1	06/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	*****	*****	*****	6	****	6.3	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	8.9	****	15.2	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	43.8	****	54	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.312	.861	MGD	*****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.11	****	.17	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratery Briester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)7/13/2020
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

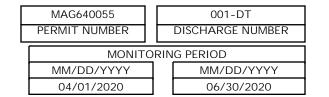
ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				_
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEP	HONE	DATE
Elian	a merales/ Eaberatery Emedici	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)5/07/2020
	TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

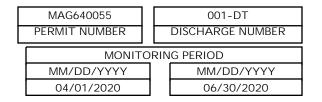
ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854



DMR Mailing ZIP CODE: 01854

MINOR

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

(SUBR E)

No Discharge

		QUAN	TITY OR LOAD	ING	QI	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	****	****	****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)5/07/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
Ename Morales, East-attery Enrecter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)5/07/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

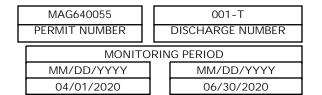
NÄME: 'CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Eliana Morales Eliana Morales/ Laboratory Director person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (978)674-1678)5/07/202 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T
	99
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ODING DEDIOD
MONTO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
	Enana Werares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)5/07/2020
į	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 07/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.13	****	6.34	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	18.6	****	30.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	27.3	****	46	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.164	.295	MGD	*****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.16	****	.25	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Fliana Morales	TELEPI	DATE	
Emana Merares/ Easteratery Briester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)8/13/2020
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.19	*****	6.53	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	14.6	****	15.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	40	****	69	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	.288	MGD	*****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.13	****	.16	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Enana Merares/ Easteratery Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)9/09/2020
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854 MINOR

(SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	IALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	6	****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	29.1	****	41.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	8.3	****	31	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.243	.307	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.12	****	.17	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678		0/06/2020
TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOAD	NG	QL	JALITY OR CON	ICENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
Enama Morales, East atoly Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)7/13/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	*****	****	****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	umho/sed		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY LOCATION: 815 PAWTUCKET BLVD

LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				_
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
Enama Morales, East atoly Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)7/13/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
07/01/2020

MMG640055

001-T
DISCHARGE NUMBER

MM/DD/YYYY
MM/DD/YYYY
09/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Eliana Morales Eliana Morales/ Laboratory Director person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (978)674-1678)7/13/202 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

 MAG640055
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 07/01/2020
 09/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
Enana Morares/ Eaboratory Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)7/13/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2020

MAG640055

001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	IALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.1	****	6.22	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	22.6	****	48.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	10.5	****	22	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.317	.43	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.12	*****	.18	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
Emana Werares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678	1/09/2020
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2020

MAG640055

001-A
DISCHARGE NUMBER

MM/DD/YYYY

11/30/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.3	*****	6.4	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	15.4	****	25	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	94	****	210	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.325	.417	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.19	****	.3	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Emana Merares/ Easteratory Birotter		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(978)674-1678		2/09/2020
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2020 12/01/2020

DMR Mailing ZIP CODE:

01854

MINOR (SUBR E)

BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	9.73	****	18	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	137.3	****	395	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.384	.435	MGD	*****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.11	****	.16	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)1/08/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

ATTN: Steven Duchesne

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY LOCATION: 815 PAWTUCKET BLVD

LOWELL, MA 01854

MAG640055 001-DT
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2020 12/31/2020

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				-
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEP	HONE	DATE
Enana Morares/ Eaboratory Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/08/202
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
10/01/2020	12/31/2020						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Birotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)1/08/202
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

1440/40055	004 T							
MAG640055	001-T							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2020	12/31/2020							

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEP	HONE	DATE
Eliana Morales/ Laborato	ry Director	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/08/202
TYPED OR PRINTE	D	and materia, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2020	12/31/2020							

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
Ename Morales, East atoly Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67)1/08/202	
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

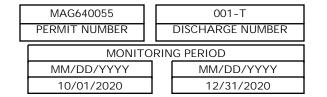
NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite

1	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales	TELEP	DATE	
Enana Merares/ Easteratory Briodesi		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)1/08/202
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
01/01/2021	01/31/2021					

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.33	****	6.61	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	3.6	****	6.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	52	****	61	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.422	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.05	****	.07	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	DATE	
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)2/11/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
02/01/2021	02/28/2021			

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	6.33	****	6.83	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	3.6	****	5.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	9.5	****	38	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.35	.513	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.07	****	.08	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	li certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	DATE	
Emana Merares/ Easteratery Birester	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)3/08/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
TERRITI WORKER	Bloom with a real way in a rea
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.2	****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	15.3	****	26.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	141.2	****	453	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.334	.439	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	****	****	****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.05	****	.12	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	Concept the direction of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	DATE	
Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674)4/22/202	
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
01/01/2021	03/31/2021					

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	****	7.9	*****	7.9	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	10	mg/L		Annual	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .5	mg/L		Annual	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.5	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	20	mg/L		Annual	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .01	mg/L		Annual	Grab
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.013	mg/L		Annual	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
Enama Morales, East atoly Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)4/22/202
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
01/01/2021	03/31/2021					

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.068	mg/L		Annual	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	< .001	mg/L		Annual	Grab
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	< .005	mg/L		Annual	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	< .01	mg/L		Annual	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	*****	*****	****	381	umho/sec		Annual	Grab
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)4/22/202
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
01/01/2021	03/31/2021						

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.4	*****	6.4	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	41	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	****	460	mg/L		Annual	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composit
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.6	mg/L		Annual	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composit
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	****	****	6.2	mg/L		Annual	Composit
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composit
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	150	mg/L		Annual	Composit
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composit
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	****	.076	mg/L		Annual	Composit
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composit

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Enter NODI code "9" when sampling is not required.

Eliana Morales/ Laboratory Director

NUMBER

TELEPHONE

(978)674-1678

AREA Code

Eliana Morales

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)4/22/202

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

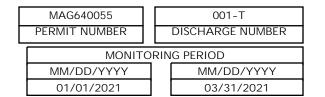
ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne



DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.15	mg/L		Annual	Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	1.5	mg/L		Annual	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	****	****	****	*****	< .001	mg/L		Annual	Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	< .005	mg/L		Annual	Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	< .01	mg/L		Annual	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	< .02	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	*****	*****	****	637	umho/sec		Annual	Composite
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
	Enama Moraless, Easteratory Enroctor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)4/22/202
Γ	TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854

MAG640055
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2021

MAG640055

001-T
DISCHARGE NUMBER

MM/DD/YYYY
03/31/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	****	360	mg/L		Annual	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	46.7	****	*****	%		Annual	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	6.25	****	*****	%		Annual	Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l Fliana Morales	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)4/22/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QU	ALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	13.7	****	15.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	22.5	****	68	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.284	.354	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.19	****	.35	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)5/13/202
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854

 MAG640055
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 05/01/2021
 05/31/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	6.6	****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	11	****	12.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	232.3	****	513	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.325	.4	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.08	****	.13	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Enana Moraros, Easorator y Birostor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)6/09/202
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E) BACKWASH 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.4	****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	22.9	****	27.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	93.8	****	115	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.116	.234	MGD	****	****	****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	****	****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	.1	****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Fliana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)7/11/202
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab

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Enana Morares/ Eaboratory Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674	4-1678)4/22/2021
TYPED OR PRINTED	amorniation, moderning the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

DILUENT WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEPI	HONE	DATE
Emana Merares/ Easteratory Biroster	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)4/22/202
TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T							
	00. 1							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	ORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2021	06/30/2021							

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Eliana Morales Eliana Morales/ Laboratory Director person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (978)674-1678)4/22/202 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET

LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640	055	001-T				
PERMIT NU	JMBER	R DISCHARGE NUMBER				
	MONITO	RING PERIOD				
MM/DD	/YYYY	MM/DD/YYYY				
04/01/	′2021	06/30/2021				

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	****	****	****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	****	****	****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 9				_
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	umho/sed		Annual	Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Filana Morales	TELEP	HONE	DATE
Enama Morales, East atoly Birector	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)67	4-1678)4/22/202
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: CITY OF LOWELL - LOWELL REGIONAL WTF

ADDRESS: 375 MERRIMACK STREET LOWELL, MA 01854

FACILITY: LOWELL REGIONAL WATER UTILITY

LOCATION: 815 PAWTUCKET BLVD

ATTN: Steven Duchesne

LOWELL, MA 01854

MAG640055

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2021

06/30/2021

DMR Mailing ZIP CODE: 01854

MINOR (SUBR E)

WHOLE EFFLUENT TOXICITY TEST

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	%		Annual	Composite

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Eliana Morales	TELEPI	HONE	DATE
	Enana Werares/ Easteratory Britotter	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(978)674-1678)4/22/202
į	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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